



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

RECEIVED  
Oriss Breath Alcohol Program  
By Carol Day at 10:36 am, Sep 08, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

|   |                                      |
|---|--------------------------------------|
| DATAMASTER SN<br><b>204107</b>  | DATE OF INSPECTION<br><b>8-28-09</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>MACON COUNTY SHERIFF'S DEPT. 101 W. SHERIDAN, MACON MO 63552</b> | TIME OF INSPECTION<br><b>1216</b>    |

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

|  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>DIAGNOSTIC CHECK (PRINTOUT ATTACHED)</b>  |  |
| <input checked="" type="checkbox"/> <b>COMPUTER</b>  | <input checked="" type="checkbox"/> <b>DETECTOR</b>        |
| <input checked="" type="checkbox"/> <b>PROGRAM</b>   | <input checked="" type="checkbox"/> <b>FILTERS</b>         |
| <input checked="" type="checkbox"/> <b>HEATERS SAMPLE CHAMBER</b> <b>50</b> °C   | <input checked="" type="checkbox"/> <b>QUARTZ STANDARD</b> |
| <input checked="" type="checkbox"/> <b>FLOW DETECTOR</b>   | <input checked="" type="checkbox"/> <b>CALIBRATION</b>     |
| <input checked="" type="checkbox"/> <b>PUMP HIGH SPEED</b>   | <input checked="" type="checkbox"/> <b>PRINTER</b>         |
| <input checked="" type="checkbox"/> <b>INDICATOR LIGHTS</b>  |  |
| <input checked="" type="checkbox"/> <b>TIME AND DATE</b>   |  |
| <input checked="" type="checkbox"/> <b>SIMULATOR TEMPERATURE</b> (34 °C ± 0.2 °C) <b>33.8 °C</b>   |  |
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK -</b><br>Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)<br><input checked="" type="checkbox"/> <b>0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE</b><br><input type="checkbox"/> <b>0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE</b><br><b>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> |  |

|                     |                     |                     |
|---------------------|---------------------|---------------------|
| TEST 1 <b>0.095</b> | TEST 2 <b>0.098</b> | TEST 3 <b>0.098</b> |
|---------------------|---------------------|---------------------|

|   |
|---|
| <input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST (PRINTOUT ATTACHED)</b>  |
| <input checked="" type="checkbox"/> <b>NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)</b> |

|          |   |         |   |           |   |           |   |           |   |            |   |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|
| REFUSALS | 1 | (0-.04) | 1 | (.05-.09) | 1 | (.10-.14) | 3 | (.15-.19) | 1 | (Over .19) | 2 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

**INSTRUMENT MEETS REQUIREMENTS**

**GUTH LABORATORIES LOT # 08340 EXP. 10-15-09 , 10 ETHANOL SOLUTION**

|  |   |
|--|---|
| <b>INSPECTING OFFICER</b>  |   |
| SIGNATURE<br><b>TPR. T.J. Adams #181</b>                         | PRINT NAME<br><b>T.J. ADAMS</b>           |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>820 054 02-25-10</b> | TELEPHONE NUMBER<br><b>(660) 385-2132</b> |



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204107  
08/28/09

TESTING OFFICER:

ADAMS, TERRY, J  
OFFICER I.D.# 181  
PERMIT NUMBER: 620054  
EXPIRATION DATE: 02/25/10  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 12:25 |
| INTERNAL STANDARD | VERIFIED | 12:25 |
| EXTERNAL STANDARD | .095     | 12:25 |
| BLANK TEST        | .000     | 12:26 |
| EXTERNAL STANDARD | .096     | 12:27 |
| BLANK TEST        | .000     | 12:27 |
| EXTERNAL STANDARD | .098     | 12:28 |
| BLANK TEST        | .000     | 12:29 |

H = 0  
SIN. = .1  
AVO. = .097

Operator Signature TPR T. J. Adams #181

2208-02

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204107  
08/28/09  
12:16

--- DIAGNOSTIC CHECK ---

|                       |      |
|-----------------------|------|
| COMPUTER:             | OKAY |
| PROGRAM (04-07-2009): | OKAY |
| HEATERS               |      |
| SAMPLE CHAMBER:       | 50c  |
| FLOW DETECTOR:        | OKAY |
| PUMP                  |      |
| HIGH SPEED:           | OKAY |
| DETECTOR:             | OKAY |
| FILTERS:              | OKAY |
| QUARTZ STANDARD:      | OKAY |
| CALIBRATION:          | OKAY |

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdef(ghi)klmno  
pqrstuvwxyz{|}~"

Operator Signature TPR T. J. Adams #181

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204107  
08/28/09

ARREST TIME: 12:10

SUBJECT NAME:

TEST

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/

ARRESTING OFFICER:

TEST

OFFICER I.D.:

TESTING OFFICER:

ADAMS/TERRY/J

OFFICER I.D.: 101

PERMIT NUMBER: 020054

EXPIRATION DATE: 02/25/10

MISCELLANEOUS DATA:

## --- BREATH ANALYSIS ---

BLANK TEST .000 12:33

INTERNAL STANDARD VERIFIED 12:33

RADIO INTERFERENCE

Operator Signature

TPR T. J. Adams #181

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



T.J. ADAMS


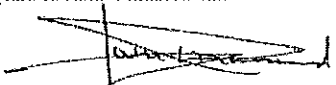
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/25/08  
Number 820054  
Expires 02/25/2010

MO 580-0771 (7-88)

  
Director of State Public Health Laboratory  
  
Director, Department of Health

Lab. 4 (R7-88)